

**ELEVENTH JUDICIAL CIRCUIT COURT  
McLEAN COUNTY, IL**

In the Matter of the Estate of:

Case Number: \_\_\_\_\_

\_\_\_\_\_,  
an alleged disabled adult.

**PETITION FOR APPOINTMENT OF GUARDIAN FOR DISABLED PERSON**

\_\_\_\_\_, the Petitioner, under penalties of perjury as provided under Section 1-109 of the Code of Civil Procedure, states:

1. The Respondent's name is \_\_\_\_\_, date of birth is \_\_\_\_\_,  
and place of residence is \_\_\_\_\_  
(Address) (City) (County) (State)

**OR** The Respondent, \_\_\_\_\_, is a nonresident of the State of Illinois but this Court has jurisdiction because Respondent:

☐ Owns real estate in this county: \_\_\_\_\_  
(Address) (City) (County) (State)

☐ Owns personal located in this county as follows: \_\_\_\_\_

2. The relationship to and interest of the Petitioner to the Respondent is: \_\_\_\_\_  
\_\_\_\_\_

3. The reason for this guardianship is that the Respondent is a disabled person due to:  
\_\_\_\_\_  
\_\_\_\_\_

and because of such disability:

☐ Lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the care of the Respondent's person.

☐ Is unable to manage the Respondent's estate or financial affairs.

4. The approximate value of Respondent's estate: Personal \$ \_\_\_\_\_, Real \$ \_\_\_\_\_

5. The anticipated gross annual income and other receipts of Respondent are: \$ \_\_\_\_\_

6. The names and post office addresses of Respondent's nearest relatives, if any, are:

Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. The names and post office addresses of Respondent's agent(s) under a Power of Attorney for Property or a Power of Attorney for Health Care, and previously Court appointed Guardian of Respondent's person or estate, if any, are:

Name Relationship Address

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8. The name and address of the person with whom, or the facility in which, Respondent is residing is:

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9. Petitioner is seeking authority to place Respondent in a residential facility:

☐ Yes ☐ No

10. Petitioner has attached a Report on Petition for Appointment of Guardian form completed by at least one physician licensed to practice medicine in the State of Illinois.

Petitioner, \_\_\_\_\_, whose date of birth is \_\_\_\_\_, whose  
(Name of Petitioner) (Date of Birth)

address is \_\_\_\_\_, is willing and  
(Address) (City) (County) (State)

qualified to act, requests appointment as guardian of the Respondent's:

☐ Person ☐ Estate ☐ Person and Estate

Petitioner asks that:

a. The Respondent be adjudged a disabled person.

b. The Petitioner be appointed as Guardian of the Respondent's:

☐ Person ☐ Estate ☐ Person and Estate

c. The Guardianship be for the limited purpose of:

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#### CERTIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Petitioner)

Any person who makes a false statement, material to the issue or point in questions, which he does not believe to be true, in any document certified by such person in accordance with 735 ILCS 5/1-109 shall be guilty of a Class 3 felony punishable by two (2) to five (5) years imprisonment and/or a \$25,000 fine.